Thornton	and the same of th
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Agent Addressee B. Received by (Printed Name) C. Date of Delivery Fight 1977 D. Is delivery address different from item 1? Yes
Franklin D. Williams, Jr. 1408 North Broad Street	If YES, enter delivery address below: ☐ No
Cowarts, Alabama 36321	3. Service Type A Certified Mail Registered Return Receipt for Merchandise C.O.D.
1:07cr712- www completo 20 Oup	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 2260 0000 4755 4818	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M1540	